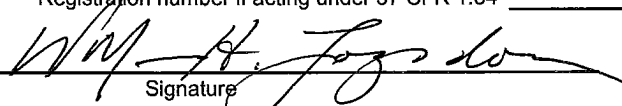


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 4544 - 060174
Application Number    10/566,223		Filed   7/29/2003
For    "Method for Diagnosis of Tuberculosis by Smear Microscopy, Culture and Polymerase Chain Reaction Using Processed Clinical Samples and Kit Thereof"		
Art Unit   1637		Examiner   Angela Marie Bertagna
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65      \$ 130
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245      \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555      \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865      \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number    23-0650		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number    22,132		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.		
Registration number if acting under 37 CFR 1.34		
 Signature		June 3, 2010 Date
William H. Logsdon Typed or printed name		412-471-8815 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of    1    forms are submitted.		